

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF MISSOURI

Case number (if known)

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Ruben**

First name

**Landre**

Middle name

**Smith**

Last name and Suffix (Sr., Jr., II, III)

**Julia**

First name

**Ann**

Middle name

**Smith**

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-9148

xxx-xx-1968

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and  
doing business as names

Business name(s)

Business name(s)

EINs

EINs

**5. Where you live**

**753 Doyne Dr  
Florissant, MO 63034**

Number, Street, City, State & ZIP Code

**Saint Louis**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** ☐ No.  
☒ Yes.

District	<u>moebke</u>	When	<u>2/18/14</u>	Case number	<u>4:14-bk-40975</u>
District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No  
☐ Yes.

Debtor	_____	Relationship to you	_____
District	_____	When	_____
Case number, if known	_____		
Debtor	_____	Relationship to you	_____
District	_____	When	_____
Case number, if known	_____		

11. **Do you rent your residence?** ☒ No. Go to line 12.  
☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

\_\_\_\_\_  
Number, Street, City, State & Zip Code

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	<b>16a. Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.												
	<b>16b. Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.												
	<b>16c.</b> State the type of debts you owe that are not consumer debts or business debts  <hr/>												
<hr/>													
<b>17. Are you filing under Chapter 7?</b>  <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.  <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes												
<hr/>													
<b>18. How many Creditors do you estimate that you owe?</b>	<table border="0"><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 25,001-50,000</td></tr><tr><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 5001-10,000</td><td><input type="checkbox"/> 50,001-100,000</td></tr><tr><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> More than 100,000</td></tr><tr><td><input type="checkbox"/> 200-999</td><td></td><td></td></tr></table>	<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000	<input type="checkbox"/> 200-999		
<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000											
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000											
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000											
<input type="checkbox"/> 200-999													
<hr/>													
<b>19. How much do you estimate your assets to be worth?</b>	<table border="0"><tr><td><input type="checkbox"/> \$0 - \$50,000</td><td><input type="checkbox"/> \$1,000,001 - \$10 million</td><td><input type="checkbox"/> \$500,000,001 - \$1 billion</td></tr><tr><td><input type="checkbox"/> \$50,001 - \$100,000</td><td><input type="checkbox"/> \$10,000,001 - \$50 million</td><td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td></tr><tr><td><input checked="" type="checkbox"/> \$100,001 - \$500,000</td><td><input type="checkbox"/> \$50,000,001 - \$100 million</td><td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td></tr><tr><td><input type="checkbox"/> \$500,001 - \$1 million</td><td><input type="checkbox"/> \$100,000,001 - \$500 million</td><td><input type="checkbox"/> More than \$50 billion</td></tr></table>	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion											
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion											
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion											
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion											
<hr/>													
<b>20. How much do you estimate your liabilities to be?</b>	<table border="0"><tr><td><input type="checkbox"/> \$0 - \$50,000</td><td><input type="checkbox"/> \$1,000,001 - \$10 million</td><td><input type="checkbox"/> \$500,000,001 - \$1 billion</td></tr><tr><td><input type="checkbox"/> \$50,001 - \$100,000</td><td><input type="checkbox"/> \$10,000,001 - \$50 million</td><td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td></tr><tr><td><input checked="" type="checkbox"/> \$100,001 - \$500,000</td><td><input type="checkbox"/> \$50,000,001 - \$100 million</td><td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td></tr><tr><td><input type="checkbox"/> \$500,001 - \$1 million</td><td><input type="checkbox"/> \$100,000,001 - \$500 million</td><td><input type="checkbox"/> More than \$50 billion</td></tr></table>	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion											
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion											

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Ruben Landre Smith****Ruben Landre Smith**

Signature of Debtor 1

**/s/ Julia Ann Smith****Julia Ann Smith**

Signature of Debtor 2

Executed on **November 8, 2019**  
MM / DD / YYYYExecuted on **November 8, 2019**  
MM / DD / YYYY

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Joe Moriarty**

Signature of Attorney for Debtor

Date

**November 8, 2019**

MM / DD / YYYY

**Joe Moriarty 66513MO**

Printed name

**A & L, Licker Law Firm, LLC**

Firm name

**1861 Sherman Drive  
Saint Charles, MO 63303**

Number, Street, City, State &amp; ZIP Code

Contact phone **636-916-5400**

Email address

**Info@lickerlawfirm.com****66513MO MO**

Bar number &amp; State

## Fill in this information to identify your case:

Debtor 1	<b>Ruben Landre Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Julia Ann Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

## Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>130,000.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>5,690.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>135,690.00</b>

## Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>136,276.36</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>2,935.19</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>50,034.35</b>
<b>Your total liabilities</b>		\$ <b>189,245.90</b>

## Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>5,072.58</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>5,069.00</b>

## Part 4: Answer These Questions for Administrative and Statistical Records

## 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

## 7. What kind of debt do you have?

☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.



Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **7,633.46**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>2,935.19</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>2,935.19</b>

**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Ruben Landre Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Julia Ann Smith</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number _____			

☐ Check if this is an amended filing

## Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**
☐ No. Go to Part 2.

☒ Yes. Where is the property?

1.1

**753 Doyne Dr**

Street address, if available, or other description

**Florissant MO 63034-0000**

City State ZIP Code

**Saint Louis**

County

**What is the property?** Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Fair Condition**  
**5 beds 3 baths 1,364 sqft**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
**\$130,000.00**

Current value of the portion you own?  
**\$130,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

**Fee simple**

☐ Check if this is community property (see instructions)

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>**

**\$130,000.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No  
☒ Yes

3.1 Make: **Dodge Ram 1500**  
Model: **Quad Cab SLT 4WD**  
Year: **2004**  
Approximate mileage: **180,000**  
Other information:

**Poor Condition, needs an alternator**  
**Location: 753 Doyne Dr, Florissant MO 63034**

Who has an interest in the property? Check one

☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$2,900.00**

**\$2,900.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No  
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$2,900.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

**Washer & Dryer, Living Room Set, Kitchen Table, Bedroom Set, Child Bedroom Set**  
**Location: 753 Doyne Dr, Florissant MO 63034**

**\$1,500.00**

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

**Dell Computer, Cellphone**  
**Location: 753 Doyne Dr, Florissant MO 63034**

**\$200.00**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

☒ Yes. Describe.....

**Treadmill**  
**Location: 753 Doyne Dr, Florissant MO 63034**

**\$200.00**

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**Clothes & Shoes**  
**Location: 753 Doyne Dr, Florissant MO 63034**

**\$450.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**2 Wedding Ring**  
**Location: 753 Doyne Dr, Florissant MO 63034**

**\$200.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$2,550.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

**Cash**

**\$5.00**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

17.1. **Checking**

**Regions Bank**

**\$200.00**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No  
☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No  
☒ Yes. Name the insurance company of each policy and list its value.

Company name:	Beneficiary:	Surrender or refund value:
<b>Farmers Insurance - Term Life Insurance on son - 100,000</b>	<b>Debtors</b>	<b>\$0.00</b>
<b>Transamerica - Term Life Insurance on wife -100,000</b>	<b>Husband</b>	<b>\$0.00</b>
<b>Term life insurance through employer - \$100,000 through the Hartford</b>	<b>Wife</b>	<b>\$0.00</b>

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No  
☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No  
☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$205.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☐ No. Go to Part 7.

☒ Yes. Go to line 47.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

47. **Farm animals**

*Examples: Livestock, poultry, farm-raised fish*

☒ No

☐ Yes.....

48. **Crops—either growing or harvested**

☒ No

☐ Yes. Give specific information.....

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

☐ No

☒ Yes.....

**Fishing Rods**  
**Location: 753 Doyne Dr, Florissant MO 63034**

**\$35.00**

50. **Farm and fishing supplies, chemicals, and feed**

☒ No

☐ Yes.....

51. **Any farm- and commercial fishing-related property you did not already list**

☒ No

☐ Yes. Give specific information.....

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....**

**\$35.00**

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. **Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

☒ No

☐ Yes. Give specific information.....

54. **Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....			<b>\$130,000.00</b>
56. Part 2: Total vehicles, line 5	<b>\$2,900.00</b>		
57. Part 3: Total personal and household items, line 15	<b>\$2,550.00</b>		
58. Part 4: Total financial assets, line 36	<b>\$205.00</b>		
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>		
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$35.00</b>		
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>	+	
62. Total personal property. Add lines 56 through 61...	<b>\$5,690.00</b>		
		Copy personal property total	<b>\$5,690.00</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62			<b>\$135,690.00</b>



## Fill in this information to identify your case:

Debtor 1	<b>Ruben Landre Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Julia Ann Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1:** Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>753 Doyne Dr Florissant, MO 63034</b> <b>Saint Louis County</b> <b>Fair Condition</b> <b>5 beds 3 baths 1,364 sqft</b> Line from <i>Schedule A/B</i> : 1.1	<b>\$130,000.00</b>	<input checked="" type="checkbox"/> <b>\$15,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.475</b>
<b>2004 Dodge Ram 1500 Quad Cab SLT</b> <b>4WD 180,000 miles</b> <b>Poor Condition, needs an alternator</b> <b>Location: 753 Doyne Dr, Florissant</b> <b>MO 63034</b> Line from <i>Schedule A/B</i> : 3.1	<b>\$2,900.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(5)</b>
<b>Washer &amp; Dryer, Living Room Set, Kitchen Table, Bedroom Set, Child Bedroom Set</b> <b>Location: 753 Doyne Dr, Florissant</b> <b>MO 63034</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$1,500.00</b>	<input checked="" type="checkbox"/> <b>\$1,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>Dell Computer, Cellphone</b> <b>Location: 753 Doyne Dr, Florissant</b> <b>MO 63034</b> Line from <i>Schedule A/B</i> : 7.1	<b>\$200.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Treadmill</b> <b>Location: 753 Doyne Dr, Florissant MO 63034</b> Line from Schedule A/B: 9.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(1)
<b>Clothes &amp; Shoes</b> <b>Location: 753 Doyne Dr, Florissant MO 63034</b> Line from Schedule A/B: 11.1	<u>\$450.00</u>	<input checked="" type="checkbox"/> <u>\$450.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(1)
<b>2 Wedding Ring</b> <b>Location: 753 Doyne Dr, Florissant MO 63034</b> Line from Schedule A/B: 12.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(2)
<b>Cash</b> Line from Schedule A/B: 16.1	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(3)
<b>Checking: Regions Bank</b> Line from Schedule A/B: 17.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(3)
<b>Farmers Insurance - Term Life Insurance on son - 100,000</b> <b>Beneficiary: Debtors</b> Line from Schedule A/B: 31.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>100%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(7)
<b>Transamerica - Term Life Insurance on wife -100,000</b> <b>Beneficiary: Husband</b> Line from Schedule A/B: 31.2	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>100%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(7)
<b>Term life insurance through employer - \$100,000 through the Hartford</b> <b>Beneficiary: Wife</b> Line from Schedule A/B: 31.3	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>100%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(7)
<b>Fishing Rods</b> <b>Location: 753 Doyne Dr, Florissant MO 63034</b> Line from Schedule A/B: 49.1	<u>\$35.00</u>	<input checked="" type="checkbox"/> <u>\$35.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(3)

## 3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

## Fill in this information to identify your case:

Debtor 1	<b>Ruben Landre Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Julia Ann Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF MISSOURI</b>		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.☒ Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 <b>Lb Arrow Fin</b> Creditor's Name	<b>\$4,326.00</b>	<b>\$2,900.00</b>	<b>\$1,426.00</b>
Describe the property that secures the claim: <b>2004 Dodge Ram 1500 Quad Cab SLT 4WD 180,000 miles Poor Condition, needs an alternator Location: 753 Doyne Dr, Florissant MO 63034</b>			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Purchase Money Security</b>			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred <b>12/04/18</b> Last 4 digits of account number <b>5888</b>		

Debtor 1 **Ruben Landre Smith**

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Debtor 2 **Julia Ann Smith**

First Name Middle Name Last Name

**2.2 Metropolitan St Louis  
Sewer District**

Creditor's Name

**10805 Sunset Office Dr  
Suite 300  
Saint Louis, MO 63127**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**753 Doyne Dr Florissant, MO 63034  
Saint Louis County  
Fair Condition  
5 beds 3 baths 1,364 sqft**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Sewer Lien**

**\$1,042.36**

**\$130,000.00**

**\$1,042.36**

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **06/07/2011**

Last 4 digits of account number **7692**

**2.3 Pennymac Loan Services**

Creditor's Name

**Po Box 514387  
Los Angeles, CA 90051**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**753 Doyne Dr Florissant, MO 63034  
Saint Louis County  
Fair Condition  
5 beds 3 baths 1,364 sqft**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Mortgage**

**\$130,908.00**

**\$130,000.00**

**\$908.00**

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **12/17**

Last 4 digits of account number **1976**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$136,276.36**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$136,276.36**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code  
**Randall Eliot Gusdorf  
9666 Olive Blvd.  
Suite 211  
Saint Louis, MO 63132**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number \_\_\_\_\_

## Fill in this information to identify your case:

Debtor 1	<b>Ruben Landre Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Julia Ann Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

## 1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.☒ Yes.

## 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>IRS</b> Priority Creditor's Name <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1968</b> <b>When was the debt incurred?</b> <b>2016- 2018</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<b>\$2,935.19</b>	<b>\$2,935.19</b>	<b>\$0.00</b>
		<b>Federal Income Tax</b>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

## 3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.

## 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.1	<b>Acct Res Crp</b> Nonpriority Creditor's Name <b>700 Goddard Avenue</b> <b>Chesterfield, MO 63005</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1270</b> When was the debt incurred? <b>10/23/18</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Account - Medical Bill</b>	<b>\$115.00</b>
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4.2	<b>Acima Credit Fka Simpl</b> Nonpriority Creditor's Name <b>9815 S Monroe St Fl 4</b> <b>Sandy, UT 84070</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9407</b> When was the debt incurred? <b>12/17</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Deficiency Balance on Lease</b>	<b>\$3,504.00</b>
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4.3	<b>Acima Credit Fka Simpl</b> Nonpriority Creditor's Name <b>9815 S Monroe St Fl 4</b> <b>Sandy, UT 84070</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7971</b> When was the debt incurred? <b>10/18</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Deficiency Balance on Lease</b>	<b>\$3,154.00</b>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.4	<b>Amer Fst Fin</b> Nonpriority Creditor's Name <b>7330 W. 33rd Street</b> <b>Wichita, KS 67205</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0002</u> <b>When was the debt incurred?</b> <u>10/29/15</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>	<b>\$1,187.00</b>
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4.5	<b>American Family Insurance</b> Nonpriority Creditor's Name <b>PO Box 9134</b> <b>Needham Heights, MA 02494</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>5795</u> <b>When was the debt incurred?</b> <u>6/25/19</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Insurance</u>	<b>\$325.00</b>
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4.6	<b>Ashro Lifestyle</b> Nonpriority Creditor's Name <b>1112 7th Ave</b> <b>Monroe, WI 53566-1364</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>3220</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<b>\$508.49</b>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.7	<b>ATT U Verse</b> Nonpriority Creditor's Name <b>C/O Bankruptcy</b> <b>4331 Communications Dr</b> <b>Fir4W</b> <b>Dallas, TX 75211</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0103</u> <b>When was the debt incurred?</b> <u>07/19</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Satellite/ TV/ Communication</u>	<b>\$134.00</b>
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4.8	<b>B &amp; B Heating &amp; Cooling</b> Nonpriority Creditor's Name <b>1955 Washington St</b> <b>Florissant, MO 63033</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1968</u> <b>When was the debt incurred?</b> <u>2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u>	<b>\$245.00</b>
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4.9	<b>Boain Dental Care</b> Nonpriority Creditor's Name <b>1001 Dunn Rd</b> <b>Florissant, MO 63031</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0253</u> <b>When was the debt incurred?</b> <u>11/18</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<b>\$202.00</b>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.1 0	<b>Bridgecrest</b> <hr/> Nonpriority Creditor's Name <b>Po Box 29018</b> <b>Phoenix, AZ 85038</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1101</u> <hr/> <b>When was the debt incurred?</b> <u>03/18</u> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Deficiency Balance</u>	<b>\$11,084.00</b> <hr/>
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4.1 1	<b>Bridgeton Emergency Group LLC</b> <hr/> Nonpriority Creditor's Name <b>Po Box 731584</b> <b>Dallas, TX 75373</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>7219</u> <hr/> <b>When was the debt incurred?</b> <u>04/19</u> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<b>\$1,572.00</b> <hr/>
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4.1 2	<b>Cashnet USA</b> <hr/> Nonpriority Creditor's Name <b>200 West Jackson, Suite 1400</b> <b>Chicago, IL 60606-6941</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>9148</u> <hr/> <b>When was the debt incurred?</b> <u>July 2019</u> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>	<b>\$1,400.00</b> <hr/>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.1  
3**Cb Indigo/gf**

Nonpriority Creditor's Name

**Po Box 4499****Beaverton, OR 97076**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7074****\$100.00**When was the debt incurred? **07/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.1  
4**Chrysler Capital**

Nonpriority Creditor's Name

**Po Box 961212****Fort Worth, TX 76161**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1000****\$5,097.00**When was the debt incurred? **07/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Deficiency Balance**4.1  
5**Comenity Bank/womnwthn**

Nonpriority Creditor's Name

**Po Box 182789****Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3620****\$297.00**When was the debt incurred? **05/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Charge Account**

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.1 6	<b>Comenitybank/brylaneho</b> Nonpriority Creditor's Name <b>Po Box 182789</b> <b>Columbus, OH 43218</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>7428</u> <b>\$410.00</b> <b>When was the debt incurred?</b> <u>09/16</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>
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4.1 7	<b>Comenitybank/jesslondn</b> Nonpriority Creditor's Name <b>Po Box 182789</b> <b>Columbus, OH 43218</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>9930</u> <b>\$246.00</b> <b>When was the debt incurred?</b> <u>05/17</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>
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4.1 8	<b>Comenitybank/jesslondn</b> Nonpriority Creditor's Name <b>Po Box 182789</b> <b>Columbus, OH 43218</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1384</u> <b>\$28.00</b> <b>When was the debt incurred?</b> <u>05/17</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.1  
9

**Credit Coll**

Last 4 digits of account number **2212** **\$50.00**

Nonpriority Creditor's Name

**Po Box 447**

**Norwood, MA 02062**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **12/17/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Account -Medical Bill**

4.2  
0

**Credit One Bank N.A**

Last 4 digits of account number **8695** **\$1,182.00**

Nonpriority Creditor's Name

**PO Box 98872**

**Las Vegas, NV 89193**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **04/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan**

4.2  
1

**Direct TV**

Last 4 digits of account number **2162** **\$792.00**

Nonpriority Creditor's Name

**PO Box 5007**

**Carol Stream, IL 60197-5007**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **6/11/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Satellite/ TV/ Communication**

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.2 2	<b>Evine Live</b> <hr/> Nonpriority Creditor's Name <b>PO Box 960009</b> <b>Orlando, FL 32896-0009</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1968</u> <b>\$700.00</b> <hr/> <b>When was the debt incurred?</b> <u>April</u> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>open account</u>
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4.2 3	<b>Fingerhut Advantage</b> <hr/> Nonpriority Creditor's Name <b>6250 Ridgewood Road</b> <b>Saint Cloud, MN 56303</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1003</u> <b>\$461.00</b> <hr/> <b>When was the debt incurred?</b> <u>3/28/19</u> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>
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4.2 4	<b>First Premier Bank</b> <hr/> Nonpriority Creditor's Name <b>3820 N Louise Ave</b> <b>Sioux Falls, SD 57107</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>2072</u> <b>\$1,262.00</b> <hr/> <b>When was the debt incurred?</b> <u>06/17</u> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 5</div>	<b>Keystone Law LLC</b> <hr/> Nonpriority Creditor's Name <b>2006 Swede Road Ste 100</b> <b>Norristown, PA 19401</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>9317</b></u> <span style="float: right;"><b>\$245.91</b></span> <hr/> <b>When was the debt incurred?</b> <u><b>2019</b></u> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Open Account</b></u>
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<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 6</div>	<b>Massey's</b> <hr/> Nonpriority Creditor's Name <b>PO Box 2822</b> <b>Monroe, WI 53566</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>47A2</b></u> <span style="float: right;"><b>\$152.67</b></span> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Personal Loan</b></u>
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<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 7</div>	<b>Mercy - St. Louis MO</b> <hr/> Nonpriority Creditor's Name <b>621 S. New Ballas Road</b> <b>Saint Louis, MO 63141</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>4859</b></u> <span style="float: right;"><b>\$650.49</b></span> <hr/> <b>When was the debt incurred?</b> <u><b>2019</b></u> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Medical Bill</b></u>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

4.2 8	<b>Mercy Clinic -St Louis</b> Nonpriority Creditor's Name <b>PO Box 206153</b> <b>Dallas, TX 75320</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>5325</u> <b>\$40.00</b> <b>When was the debt incurred?</b> <u>2018</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>
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4.2 9	<b>Mercy Clinic -St Louis</b> Nonpriority Creditor's Name <b>PO Box 206153</b> <b>Dallas, TX 75320</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>8788</u> <b>\$230.14</b> <b>When was the debt incurred?</b> <u>2018</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>
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4.3 0	<b>Mercy East</b> Nonpriority Creditor's Name <b>PO Box 505381</b> <b>Saint Louis, MO 63150-5381</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1602</u> <b>\$1,150.77</b> <b>When was the debt incurred?</b> <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.3  
1

**Merrick Bank Corp**

Nonpriority Creditor's Name

**Po Box 9201**

**Old Bethpage, NY 11804**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6178**

**\$55.00**

When was the debt incurred? **05/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.3  
2

**Metro Imaging**

Nonpriority Creditor's Name

**11639 Olive Blvd**

**Saint Louis, MO 63141**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9261**

**\$222.90**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

4.3  
3

**Miles Kimball**

Nonpriority Creditor's Name

**Po Box 2860**

**Monroe, WI 53566**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1407**

**\$163.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**



Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.3 4	<b>Monroe And Main</b> Nonpriority Creditor's Name <b>1112 7th Ave</b> <b>Monroe, WI 53566</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>3110</u> <b>\$600.00</b> <b>When was the debt incurred?</b> <u>10/16</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>
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4.3 5	<b>Montgomery Ward</b> Nonpriority Creditor's Name <b>1112 7th Ave</b> <b>Monroe, WI 53566</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>3290</u> <b>\$637.00</b> <b>When was the debt incurred?</b> <u>04/18</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>
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4.3 6	<b>Patriots Home &amp; Auto Outfitters</b> Nonpriority Creditor's Name <b>Po Box 5717</b> <b>Englewood, NJ 07631</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6900</u> <b>\$3,432.36</b> <b>When was the debt incurred?</b> <u>4/2019</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Judgment</u>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.3 7	<b>Progressive Leasing</b> <hr/> Nonpriority Creditor's Name <b>256 W Data Drive</b> <b>Draper, UT 44166</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1968</u> <b>When was the debt incurred?</b> <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>	<b>\$1,250.41</b>
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4.3 8	<b>Regions Bank</b> <hr/> Nonpriority Creditor's Name <b>2050 Parkway Office Circle</b> <b>Hoover, AL 35244</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6251</u> <b>When was the debt incurred?</b> <u>04/19</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<b>\$513.00</b>
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4.3 9	<b>Remington Apartments</b> <hr/> Nonpriority Creditor's Name <b>3544 Veterans Memorial Parkway</b> <b>Saint Charles, MO 63303</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1771</u> <b>When was the debt incurred?</b> <u>04/24/2018</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Judgment</u>	<b>\$1,378.26</b>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.4 0	<b>Shop HQ</b> Nonpriority Creditor's Name <b>800 FW 39th St Suite 100</b> <b>Pox 9004</b> <b>Renton, WA 98057</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>8591</u> <b>\$331.67</b> <b>When was the debt incurred?</b> <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Opne Account</u>
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4.4 1	<b>SSM Health Depaul Hospital - St. Louis</b> Nonpriority Creditor's Name <b>PO Box 776236</b> <b>Chicago, IL 60677-2007</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>7221</u> <b>\$480.00</b> <b>When was the debt incurred?</b> <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>
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4.4 2	<b>SSM Health St. Clare Hospital - Fenton</b> Nonpriority Creditor's Name <b>1015 Bowles Ave</b> <b>Fenton, MO 63026</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0133</u> <b>\$635.26</b> <b>When was the debt incurred?</b> <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>
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Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

4.4  
3**SSM Health St. Joseph Hosptial - St Char**

Nonpriority Creditor's Name

**PO Box 776236  
Chicago, IL 60677**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 0300**\$439.00****When was the debt incurred?** 11/18**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill4.4  
4**St Louis Heart and Vascu**

Nonpriority Creditor's Name

**Po Box 10235  
Maryland Heights, MO 63043**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 2246**\$603.00****When was the debt incurred?** 06/18**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill4.4  
5**St Louis Heart and Vascu**

Nonpriority Creditor's Name

**Po Box 10235  
Maryland Heights, MO 63043**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 7354**\$65.94****When was the debt incurred?** 2019**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

4.4 6	<b>The Schumacher Group</b> Nonpriority Creditor's Name <b>200 Corporate Blvd</b> <b>Lafayette, LA 70508</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>3048</u> <b>When was the debt incurred?</b> <u>12/18</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<b>\$2,105.00</b>
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4.4 7	<b>Western Anes Assoc Inc</b> Nonpriority Creditor's Name <b>339 Consort Dr</b> <b>Ballwin, MO 63011</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>7923</u> <b>When was the debt incurred?</b> <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<b>\$597.08</b>
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**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address <b>Account Resolution Corp</b> <b>700 Goddard Ave</b> <b>Chesterfield, MO 63005</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.44</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	Last 4 digits of account number
<hr/>		
Name and Address <b>Afni, Inc</b> <b>PO Box 3097</b> <b>Bloomington, IL 61702</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	Last 4 digits of account number
<hr/>		
Name and Address <b>Credit Collection Services</b> <b>Po Box 607</b> <b>Norwood, MA 02062</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.5</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	Last 4 digits of account number
<hr/>		
Name and Address <b>Diversified Consultants</b> <b>PO Box 551268</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.21</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	Last 4 digits of account number

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

**Jacksonville, FL 32255**

Last 4 digits of account number

Name and Address

**Jeffcapsys**  
**16 Mcleland Rd**  
**Saint Cloud, MN 56303**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**LVNV Funding, LLC**  
**C/O Resurgent Capital Services**  
**Bankruptcy Department**  
**PO Box 10497, MS 576, Suite 110**  
**Greenville, SC 29603**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**National Healthcare Collectors LLC**  
**220 Salt Lick Rd**  
**Saint Peters, MO 63376**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Paramount Recovery System**  
**7524 Bosque Blvd**  
**Waco, TX 76712**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Patriots Acceptance**  
**PO Box 5717**  
**Englewood, NJ 07631**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Recievable Solutions**  
**PO Box 206153**  
**Dallas, TX 75320**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Richard P. Dorsey, III**  
**2209 First Capitol Drive**  
**Saint Charles, MO 63301**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Synerprise Consulting**  
**5651 Broadmoor St**  
**Mission, KS 66202**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Transworld Sys, Inc/55**  
**PO Box 15270**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Transworld Sys, Inc/55**  
**PO Box 15270**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Transworld Systems Inc**  
**500 Virginia Dr**  
**Suite 514**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

**Fort Washington, PA 19034**

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>2,935.19</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>2,935.19</u>
Total claims from Part 2	6f. Student loans	6f.	\$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>50,034.35</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>50,034.35</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Ruben Landre Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Julia Ann Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**  
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 <b>Musaauto/markone</b> <b>6410 Southpoint Parkway</b> <b>Jacksonville, FL 32216</b>	<b>Acct# 600100750</b> <b>Opened 02/18</b> <b>2012 Land Rover Range Rover Utility 4D HSE 4WD 75,000 miles</b> <b>Location: 753 Doyne Dr, Florissant MO 63034</b>



## Fill in this information to identify your case:

Debtor 1	<b>Ruben Landre Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Julia Ann Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name

Number

Street

City

State

ZIP Code

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.2

Name

Number

Street

City

State

ZIP Code

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Ruben Landre Smith

Debtor 2 Julia Ann Smith  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

- ☒ Employed  
☐ Not employed

##### Occupation

Driver

##### Employer's name

Allied Services- Republic Services

##### Employer's address

18500 N Allied Way  
Phoenix, AZ 85054

##### Debtor 2 or non-filing spouse

- ☐ Employed  
☒ Not employed

Homemaker

How long employed there? Since 19 Years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>7,021.56</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>7,021.56</u>	\$ <u>0.00</u>

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>7,021.56</b>	\$ <b>0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>1,051.83</b>	\$ <b>0.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>351.09</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>576.12</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>475.89</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: <u>Healthcare FSA</u>	5h.+ \$ <b>225.03</b>	\$ <b>0.00</b>
<u>Supplemental Employee AD&amp;D</u>	\$ <b>7.02</b>	\$ <b>0.00</b>
<u>Supplemental Employee Life</u>	\$ <b>9.49</b>	\$ <b>0.00</b>
<u>Supplemental Child Life</u>	\$ <b>2.51</b>	\$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>2,698.98</b>	\$ <b>0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>4,322.58</b>	\$ <b>0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>750.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify:	8h.+ \$ <b>0.00</b>	\$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>750.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>4,322.58</b> + \$ <b>750.00</b>	= \$ <b>5,072.58</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	<b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	<b>5,072.58</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain:		



Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

<b>6. Utilities:</b>								
6a. Electricity, heat, natural gas	6a. \$	<b>320.00</b>						
6b. Water, sewer, garbage collection	6b. \$	<b>120.00</b>						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>390.00</b>						
6d. Other. Specify: _____	6d. \$	<b>0.00</b>						
<b>7. Food and housekeeping supplies</b>	7. \$	<b>1,325.00</b>						
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>						
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>275.00</b>						
<b>10. Personal care products and services</b>	10. \$	<b>225.00</b>						
<b>11. Medical and dental expenses</b>	11. \$	<b>50.00</b>						
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>400.00</b>						
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>100.00</b>						
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>175.00</b>						
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	<b>41.00</b>						
15b. Health insurance	15b. \$	<b>0.00</b>						
15c. Vehicle insurance	15c. \$	<b>220.00</b>						
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>						
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Personal Property Taxes</b>								
	16. \$	<b>35.00</b>						
<b>17. Installment or lease payments:</b>								
17a. Car payments for Vehicle 1	17a. \$	<b>280.00</b>						
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>						
17c. Other. Specify: _____	17c. \$	<b>0.00</b>						
17d. Other. Specify: _____	17d. \$	<b>0.00</b>						
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>								
	18. \$	<b>0.00</b>						
<b>19. Other payments you make to support others who do not live with you.</b>								
	\$	<b>0.00</b>						
Specify: _____								
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>								
20a. Mortgages on other property	20a. \$	<b>0.00</b>						
20b. Real estate taxes	20b. \$	<b>0.00</b>						
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>						
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>						
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>						
<b>21. Other:</b> Specify: _____	21. +\$	<b>0.00</b>						
<b>22. Calculate your monthly expenses</b>								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td><b>5,069.00</b></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td><b>5,069.00</b></td> </tr> </table> </div>		\$	<b>5,069.00</b>	\$		\$	<b>5,069.00</b>
\$			<b>5,069.00</b>					
\$								
\$	<b>5,069.00</b>							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
<b>23. Calculate your monthly net income.</b>								
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>5,072.58</b>						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>5,069.00</b>						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .								
	23c. \$	<b>3.58</b>						
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No.								
<input type="checkbox"/> Yes. <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 400px; vertical-align: middle;">Explain here:</span>								

**Fill in this information to identify your case:**

Debtor 1 **Ruben Landre Smith**  
First Name Middle Name Last Name

Debtor 2 **Julia Ann Smith**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MISSOURI**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Ruben Landre Smith**  
**Ruben Landre Smith**  
Signature of Debtor 1

Date **November 8, 2019**

X **/s/ Julia Ann Smith**  
**Julia Ann Smith**  
Signature of Debtor 2

Date **November 8, 2019**

**Fill in this information to identify your case:**

Debtor 1 **Ruben Landre Smith**  
First Name Middle Name Last Name

Debtor 2 **Julia Ann Smith**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MISSOURI**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

From January 1 of current year until  
the date you filed for bankruptcy:

**Debtor 1**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and  
exclusions)

☒ Wages, commissions,  
bonuses, tips

☐ Operating a business

**\$75,071.38**

**Debtor 2**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions  
and exclusions)

☐ Wages, commissions,  
bonuses, tips

☐ Operating a business

**\$0.00**

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

	<b>Debtor 1</b>		<b>Debtor 2</b>	
	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$75,696.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$66,732.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	<b>Debtor 1</b>		<b>Debtor 2</b>	
	<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>		<b>\$0.00</b>	<b>MO Dept. of Social Services Blind Pensionn</b>	<b>\$8,250.00</b>
<b>For last calendar year:</b> <b>(January 1 to December 31, 2018 )</b>		<b>\$0.00</b>	<b>MO Dept. of Social Services Blind Pension</b>	<b>\$9,000.00</b>
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2017 )</b>		<b>\$0.00</b>	<b>MO Dept. of Social Services Blind Pension</b>	<b>\$9,000.00</b>

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.



Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Acct Res Crp 700 Goddard Avenue Chesterfield, MO 63005	08/15/2019, 09/15/2019,	\$1,316.00	\$22,000.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>car lease</u>
Lb Arrow Fin 3528 Hampton Ave Saint Louis, MO 63139	08/2019,09/2019,1 0/2019	\$810.00	\$4,326.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other__

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
PATRIOTS HOME & AUTO OUTFITTERS INC VS Ruben Smith GV-19004169-00	Warrant In Debt	Roanoke City General District Court 315 Church Ave SW #2 Roanoke, VA 24016	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Judgment			

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
<b>Patriots Home &amp; Auto Outfitters Po Box 5717 Englewood, NJ 07631</b>	<b>Wage Garnishment</b>  <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	<b>10/18/2019 Weekly</b>	<b>\$1,082.40</b>

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<b>Person to Whom You Gave the Gift and Address:</b>			

14. **Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- ☐ No  
☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
<b>Restoration Temple 2003 Chambers Rd Florissant, MO 63034</b>	<b>church tithes \$40 weekly</b>	<b>weekly</b>	<b>\$40.00</b>

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
--	---	-------------------	------------------------

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
A & L, Licker Law Firm, LLC 1861 Sherman Drive Saint Charles, MO 63303 info@lickerlawfirm.com	Attorney Fees	10/15/19	\$900.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
---	---	--	------------------------

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known)

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No

☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☐ No

☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☐ No

☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☐ No

☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
---	--	-----------------------------------	----------------

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

**25. Have you notified any governmental unit of any release of hazardous material?**

- ☐ No  
☐ Yes. Fill in the details.

<b>Name of site</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Governmental unit</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Environmental law, if you know it</b>	<b>Date of notice</b>
--	---	--	-----------------------

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☐ No  
☐ Yes. Fill in the details.

<b>Case Title</b> <b>Case Number</b>	<b>Court or agency</b> <b>Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Nature of the case</b>	<b>Status of the case</b>
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**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

<b>Business Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Describe the nature of the business</b> <b>Name of accountant or bookkeeper</b>	<b>Employer Identification number</b> <b>Do not include Social Security number or ITIN.</b> <b>Dates business existed</b>
--	---	---

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- ☐ No  
☐ Yes. Fill in the details below.

<b>Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Date Issued</b>
---	--------------------

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Ruben Landre Smith  
**Ruben Landre Smith**  
Signature of Debtor 1

/s/ Julia Ann Smith  
**Julia Ann Smith**  
Signature of Debtor 2

Date November 8, 2019

Date November 8, 2019

**Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

- ☐ No  
☐ Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

- ☐ No  
☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 **Ruben Landre Smith**  
First Name Middle Name Last Name

Debtor 2 **Julia Ann Smith**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MISSOURI**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <b>Lb Arrow Fin</b>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: <b>2004 Dodge Ram 1500 Quad Cab SLT 4WD 180,000 miles Poor Condition, needs an alternator Location: 753 Doyne Dr, Florissant MO 63034</b>		
Creditor's name: <b>Metropolitan St Louis Sewer District</b>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: <b>753 Doyne Dr Florissant, MO 63034 Saint Louis County Fair Condition 5 beds 3 baths 1,364 sqft</b>		
Creditor's name: <b>Pennymac Loan Services</b>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

name:

☐ Retain the property and redeem it.

☒ Yes

Description of property **753 Doyne Dr Florissant, MO  
63034 Saint Louis County**  
securing debt: **Fair Condition  
5 beds 3 baths 1,364 sqft**

☒ Retain the property and enter into a  
*Reaffirmation Agreement.*

☐ Retain the property and [explain]:  
\_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:

☐ No

Description of leased  
Property:

☐ Yes

Lessor's name:

☐ No

Description of leased  
Property:

☐ Yes

Lessor's name:

☐ No

Description of leased  
Property:

☐ Yes

Lessor's name:

☐ No

Description of leased  
Property:

☐ Yes

Lessor's name:

☐ No

Description of leased  
Property:

☐ Yes

Lessor's name:

☐ No

Description of leased  
Property:

☐ Yes

Lessor's name:

☐ No

Description of leased  
Property:

☐ Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** /s/ Ruben Landre Smith

**Ruben Landre Smith**

Signature of Debtor 1

**X** /s/ Julia Ann Smith

**Julia Ann Smith**

Signature of Debtor 2

Date **November 8, 2019**

Date **November 8, 2019**



Fill in this information to identify your case:

Debtor 1     Ruben Landre Smith      
Debtor 2     Julia Ann Smith      
(Spouse, if filing)  
United States Bankruptcy Court for the:     Eastern District of Missouri      
Case number \_\_\_\_\_  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 6,883.46	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1  
Debtor 2**Ruben Landre Smith**  
**Julia Ann Smith**

Case number (if known)

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**8. Unemployment compensation**\$ **0.00**\$ **0.00**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**For your spouse \$ **0.00**

- 9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00**\$ **0.00**

- 10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

MO Dept. of Social Services Blind Pensio

\$ **0.00**\$ **750.00**\$ **0.00**\$ **0.00**

Total amounts from separate pages, if any.

+ \$ **0.00**\$ **0.00**

- 11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **6,883.46**+ \$ **750.00**= \$ **7,633.46**Total current monthly  
income**Part 2: Determine Whether the Means Test Applies to You**

- 12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>**\$ **7,633.46**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **91,601.52**

- 13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

MO

Fill in the number of people in your household.

5

Fill in the median family income for your state and size of household.

13. \$ **99,489.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Ruben Landre Smith

Ruben Landre Smith

Signature of Debtor 1

X /s/ Julia Ann Smith

Julia Ann Smith

Signature of Debtor 2

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

Date **November 8, 2019**  
MM / DD / YYYY

Date **November 8, 2019**  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

### Current Monthly Income Details for the Debtor

#### Debtor Income Details:

Income for the Period **05/01/2019** to **10/31/2019**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Allied Services- Republic Services**

Income by Month:

6 Months Ago:	<u>05/2019</u>	<u>\$6,840.09</u>
5 Months Ago:	<u>06/2019</u>	<u>\$6,745.77</u>
4 Months Ago:	<u>07/2019</u>	<u>\$5,333.06</u>
3 Months Ago:	<u>08/2019</u>	<u>\$8,132.37</u>
2 Months Ago:	<u>09/2019</u>	<u>\$7,012.65</u>
Last Month:	<u>10/2019</u>	<u>\$7,236.79</u>
Average per month:		<u>\$6,883.46</u>

Debtor 1 **Ruben Landre Smith**  
Debtor 2 **Julia Ann Smith**

Case number (if known) \_\_\_\_\_

### **Current Monthly Income Details for the Debtor's Spouse**

#### **Spouse Income Details:**

Income for the Period **05/01/2019** to **10/31/2019**.

#### **Line 10 - Income from all other sources**

Source of Income: **MO Dept. of Social Services Blind Pensio**

Constant income of **\$750.00** per month.

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

### Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	\$15 trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.



### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court  
Eastern District of Missouri

In re **Ruben Landre Smith**  
**Julia Ann Smith**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>900.00</b>
Prior to the filing of this statement I have received .....	\$	<b>900.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**All legal services necessary for representation of the debtor in connection with the bankruptcy until conclusion of the case will be provided regardless of outstanding attorney fees after filing of the petition.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any adversary proceeding or appeal.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**November 8, 2019**

*Date*

**/s/ Joe Moriarty**

**Joe Moriarty 66513MO**

*Signature of Attorney*

**A & L, Licker Law Firm, LLC**

**1861 Sherman Drive**

**Saint Charles, MO 63303**

**636-916-5400 Fax: 636-916-5402**

**Info@lickerlawfirm.com**

*Name of law firm*

**United States Bankruptcy Court  
Eastern District of Missouri**

In re **Ruben Landre Smith  
Julia Ann Smith**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list containing the names and addresses of my creditors (Matrix), consisting of 5 page(s) and is true, correct and complete.

/s/ Ruben Landre Smith

**Ruben Landre Smith**

Debtor

/s/ Julia Ann Smith

**Julia Ann Smith**

Joint Debtor

Dated: **November 8, 2019**

Account Resolution Corp  
700 Goddard Ave  
Chesterfield, MO 63005

Acct Res Crp  
700 Goddard Avenue  
Chesterfield, MO 63005

Acima Credit Fka Simpl  
9815 S Monroe St Fl 4  
Sandy, UT 84070

Afni, Inc  
PO Box 3097  
Bloomington, IL 61702

Amer Fst Fin  
7330 W. 33rd Street  
Wichita, KS 67205

American Family Insurance  
PO Box 9134  
Needham Heights, MA 02494

Ashro Lifestyle  
1112 7th Ave  
Monroe, WI 53566-1364

ATT U Verse  
C/O Bankruptcy  
4331 Communications Dr  
Fir4W  
Dallas, TX 75211

B & B Heating & Cooling  
1955 Washington St  
Florissant, MO 63033

Boain Dental Care  
1001 Dunn Rd  
Florissant, MO 63031

Bridgecrest  
Po Box 29018  
Phoenix, AZ 85038

Bridgeton Emergency Group LLC  
Po Box 731584  
Dallas, TX 75373

Cashnet USA  
200 West Jackson, Suite 1400  
Chicago, IL 60606-6941

Cb Indigo/gf  
Po Box 4499  
Beaverton, OR 97076

Chrysler Capital  
Po Box 961212  
Fort Worth, TX 76161

Comenity Bank/womnwthn  
Po Box 182789  
Columbus, OH 43218

Comenitybank/brylaneho  
Po Box 182789  
Columbus, OH 43218

Comenitybank/jesslondn  
Po Box 182789  
Columbus, OH 43218

Credit Coll  
Po Box 447  
Norwood, MA 02062

Credit Collection Services  
Po Box 607  
Norwood, MA 02062

Credit One Bank N.A  
PO Box 98872  
Las Vegas, NV 89193

Direct TV  
PO Box 5007  
Carol Stream, IL 60197-5007

Diversified Consultants  
PO Box 551268  
Jacksonville, FL 32255

Evine Live  
PO Box 960009  
Orlando, FL 32896-0009

Fingerhut Advantage  
6250 Ridgewood Road  
Saint Cloud, MN 56303

First Premier Bank  
3820 N Louise Ave  
Sioux Falls, SD 57107

IRS  
PO Box 7346  
Philadelphia, PA 19101-7346

Jeffcapsys  
16 Mclelland Rd  
Saint Cloud, MN 56303

Keystone Law LLC  
2006 Swede Road Ste 100  
Norristown, PA 19401

Lb Arrow Fin  
3528 Hampton Ave  
Saint Louis, MO 63139

LVNV Funding, LLC  
C/O Resurgent Capital Services  
Bankruptcy Department  
PO Box 10497, MS 576, Suite 110  
Greenville, SC 29603

Massey's  
PO Box 2822  
Monroe, WI 53566

Mercy - St. Louis MO  
621 S. New Ballas Road  
Saint Louis, MO 63141

Mercy Clinic -St Louis  
PO Box 206153  
Dallas, TX 75320

Mercy East  
PO Box 505381  
Saint Louis, MO 63150-5381

Merrick Bank Corp  
Po Box 9201  
Old Bethpage, NY 11804

Metro Imaging  
11639 Olive Blvd  
Saint Louis, MO 63141

Metropolitan St Louis Sewer District  
10805 Sunset Office Dr  
Suite 300  
Saint Louis, MO 63127

Miles Kimball  
Po Box 2860  
Monroe, WI 53566

Monroe And Main  
1112 7th Ave  
Monroe, WI 53566

Montgomery Ward  
1112 7th Ave  
Monroe, WI 53566

Musaauto/markone  
6410 Southpoint Parkway  
Jacksonville, FL 32216

National Healthcare Collectors LLC  
220 Salt Lick Rd  
Saint Peters, MO 63376

Paramount Recovery System  
7524 Bosque Blvd  
Waco, TX 76712

Patriots Acceptance  
PO Box 5717  
Englewood, NJ 07631

Patriots Home & Auto Outfitters  
Po Box 5717  
Englewood, NJ 07631

Pennymac Loan Services  
Po Box 514387  
Los Angeles, CA 90051

Progressive Leasing  
256 W Data Drive  
Draper, UT 44166

Randall Eliot Gusdorf  
9666 Olive Blvd.  
Suite 211  
Saint Louis, MO 63132

Recievable Solutions  
PO Box 206153  
Dallas, TX 75320

Regions Bank  
2050 Parkway Office Circle  
Hoover, AL 35244

Remington Apartments  
3544 Veterans Memorial Parkway  
Saint Charles, MO 63303

Richard P. Dorsey, III  
2209 First Capitol Drive  
Saint Charles, MO 63301

Shop HQ  
800 FW 39th St Suite 100  
Pox 9004  
Renton, WA 98057

SSM Health Depaul Hospital - St. Louis  
PO Box 776236  
Chicago, IL 60677-2007

SSM Health St. Clare Hospital - Fenton  
1015 Bowles Ave  
Fenton, MO 63026

SSM Health St. Joseph Hosptial - St Char  
PO Box 776236  
Chicago, IL 60677

St Louis Heart and Vascul  
Po Box 10235  
Maryland Heights, MO 63043

Synerprise Consulting  
5651 Broadmoor St  
Mission, KS 66202

The Schumacher Group  
200 Corporate Blvd  
Lafayette, LA 70508

Transworld Sys, Inc/55  
PO Box 15270  
Wilmington, DE 19850

Transworld Systems Inc  
500 Virginia Dr  
Suite 514  
Fort Washington, PA 19034

Western Anes Assoc Inc  
339 Consort Dr  
Ballwin, MO 63011